

COURT OF WASHINGTON FOR	NO. PETITION FOR ORDER FOR PROTECTION (PTORPRT) (All Cases)
Petitioner vs. Respondent	

1. <input type="checkbox"/> I am <input type="checkbox"/> A member of my family or household is the victim of domestic violence committed by the respondent as described in the statement below.	3. My age is: <input type="checkbox"/> Under 16 <input type="checkbox"/> 16 or 17 <input type="checkbox"/> 18 or over Respondent's age is: <input type="checkbox"/> Under 16 <input type="checkbox"/> 16 or 17 <input type="checkbox"/> 18 or over
2. <input type="checkbox"/> I live in this county. <input type="checkbox"/> I left my residence because of abuse and this is the county of my new or former residence.	
4. My relationship with the respondent is: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> In-law <input type="checkbox"/> Spouse <input type="checkbox"/> Former spouse <input type="checkbox"/> Parent or child </div> <div> <input type="checkbox"/> Related by blood <input type="checkbox"/> Have child in common <input type="checkbox"/> Presently reside together </div> <div> <input type="checkbox"/> Resided together in past <input type="checkbox"/> Presently dating <input type="checkbox"/> Dated in past </div> </div>	

5. Identification of Minors (If applicable) ☐ No Minors involved.

Name (First, Middle Initial, Last)	Age	Race	Sex	How Related to Petitioner Respondent		Resides with

6. Other court cases or other restraining, protection or no-contact orders involving me, the minors and the respondent:

CASE NAME			
CASE NUMBER			
COURT/COUNTY			

REQUEST FOR TEMPORARY ORDER: AN EMERGENCY EXISTS as described in the statement below: I need a temporary restraining order issued immediately without notice to the respondent until a hearing to avoid irreparable injury. I request a Temporary Order for Protection that will:

I REQUEST AN ORDER FOR PROTECTION following a hearing THAT WILL:

		¹ RESTRAIN respondent from causing any physical harm, bodily injury, assault, including sexual assault, and from molesting, harassing, threatening, or stalking <input type="checkbox"/> me <input type="checkbox"/> the minors named in paragraph 5 above <input type="checkbox"/> these minors only:
		² RESTRAIN respondent from coming near and from having any contact whatsoever, in person or through others, by phone, mail, or any means, directly or indirectly, except for mailing of court documents, with <input type="checkbox"/> me <input type="checkbox"/> the minors named in paragraph 5 above, subject to any court-ordered visitation <input type="checkbox"/> these minors only, subject to any court-ordered visitation:
		³ EXCLUDE respondent from <input type="checkbox"/> our shared residence <input type="checkbox"/> my residence <input type="checkbox"/> my workplace <input type="checkbox"/> my school; <input type="checkbox"/> the day care or school of <input type="checkbox"/> the minors named in paragraph 5 above <input type="checkbox"/> these minors only: other: You have a right to keep your residential address confidential.
		⁴ DIRECT respondent to vacate our shared residence and restore it to me.
		⁵ PROHIBIT respondent from knowingly coming within, or knowingly remaining within _____ (distance) of: <input type="checkbox"/> our shared residence <input type="checkbox"/> my residence <input type="checkbox"/> my workplace <input type="checkbox"/> my school; <input type="checkbox"/> the day care or school of <input type="checkbox"/> the minors named in paragraph 5 above. <input type="checkbox"/> these minors only: <input type="checkbox"/> other:

		⁶ GRANT me possession of essential personal belongings, including the following:
		⁷ Grant me use of the following vehicle: Year, Make & Model License No.
		⁸ OTHER:
		⁹ DIRECT the respondent to participate in appropriate treatment or counseling services.
		¹⁰ REQUIRE the respondent to pay the fees and costs of this action.
		¹¹ REMAIN EFFECTIVE longer than one year because respondent is likely to resume acts of domestic violence against me if the order expires in a year.
Check the following only if you are requesting protection involving a minor:		
		¹² Subject to any court-ordered visitation, GRANT me the care, custody and control of <input type="checkbox"/> the minors named in paragraph 5 above <input type="checkbox"/> these minors only:
		¹³ RESTRAIN respondent from interfering with my physical or legal custody of <input type="checkbox"/> the minors named in paragraph 5 above <input type="checkbox"/> these minors only:
		¹⁴ RESTRAIN the respondent from removing from the state: <input type="checkbox"/> the minors named in paragraph 5 above <input type="checkbox"/> these minors only:

REQUEST FOR SPECIAL ASSISTANCE FROM LAW ENFORCEMENT AGENCIES:

I request the court order the appropriate law enforcement agency to assist me in obtaining:

- ☐ Possession of my residence. ☐ Use of designated vehicle.
☐ Possession of my essential personal belongings at ☐ the shared residence ☐ respondent's residence ☐ other.
☐ Custody of ☐ the minors named in paragraph 5 above ☐ these minors only (If applicable):

☐ OTHER:

Domestic violence includes physical harm, bodily injury, assault, stalking, OR inflicting fear of imminent physical harm, bodily injury or assault between family or household members.

STATEMENT: The respondent has committed acts of domestic violence as follows. (Describe specific acts of domestic violence and their approximate dates, beginning with the most recent act. You may want to include police responses.)

Describe the most recent incident or threat of violence and date:

Describe the past incidents where you experienced violence, where you were afraid of injury or where the respondent threatened to harm or kill you:

Describe any violence or threats towards children:

Describe medical treatment you received and for what:

Describe any threats of suicide or suicidal behavior by the respondent:

Does the respondent own or possess firearms? ☐ Yes ☐ No

Does the respondent use firearms, weapons or objects to threaten or harm you? Please describe:

If you are requesting that the protection order lasts longer than one year, describe the reasons why:

Other:

Check box if substance abuse is involved: ☐ alcohol ☐ controlled drugs ☐ other

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

DATED _____ at _____ Washington.

Signature of Petitioner

You have a right to keep your residential address confidential. If you have one, please provide an address, other than your residence, where you may receive legal documents: